

THE FUTURE OF PUBLIC HEALTH

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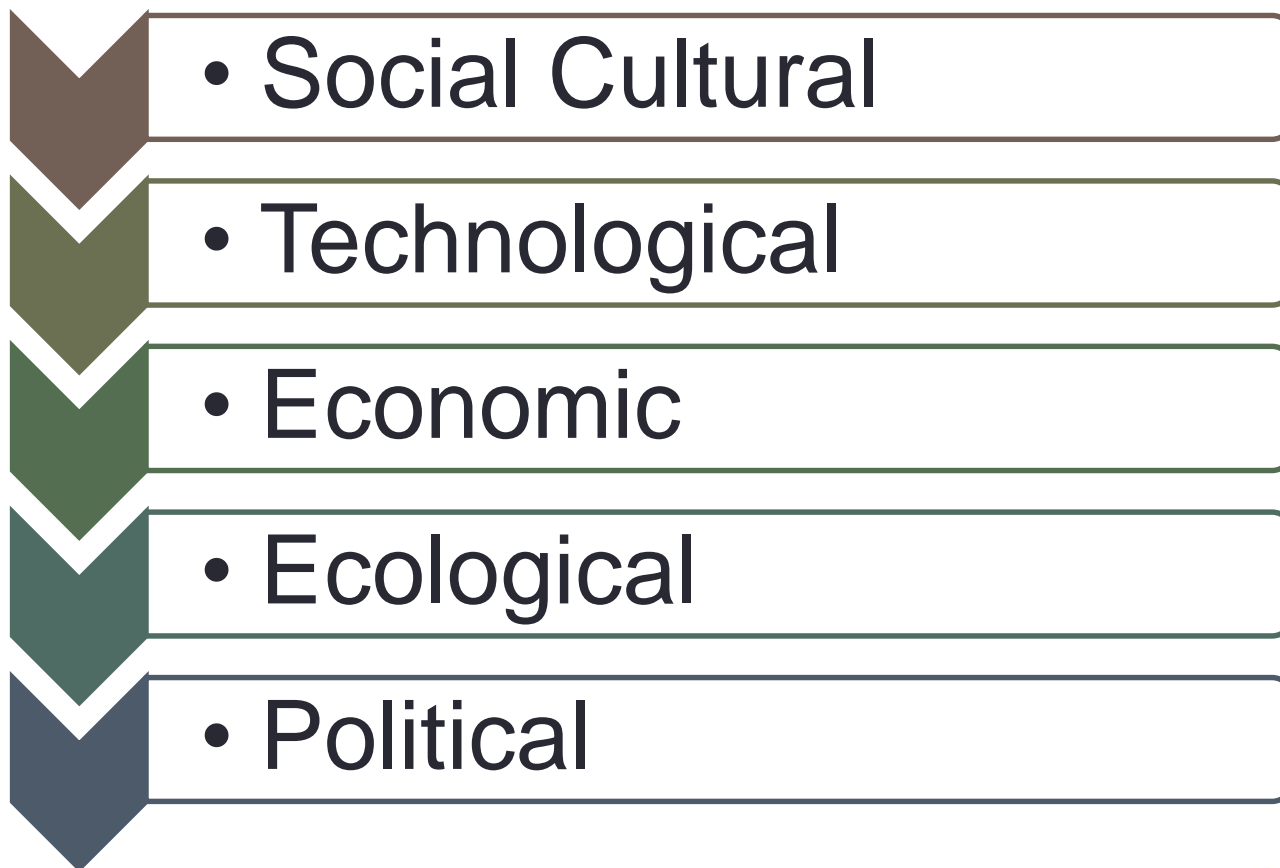
Chief Deputy Director, Policy & Programs

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DRIVERS OF CHANGE

Factors driving the future of public health



Why change?

Key factors driving
change in public health

- Expanding mandate
- Community focus
- Healthcare reform
- New data and tools
- Limited, categorical funding

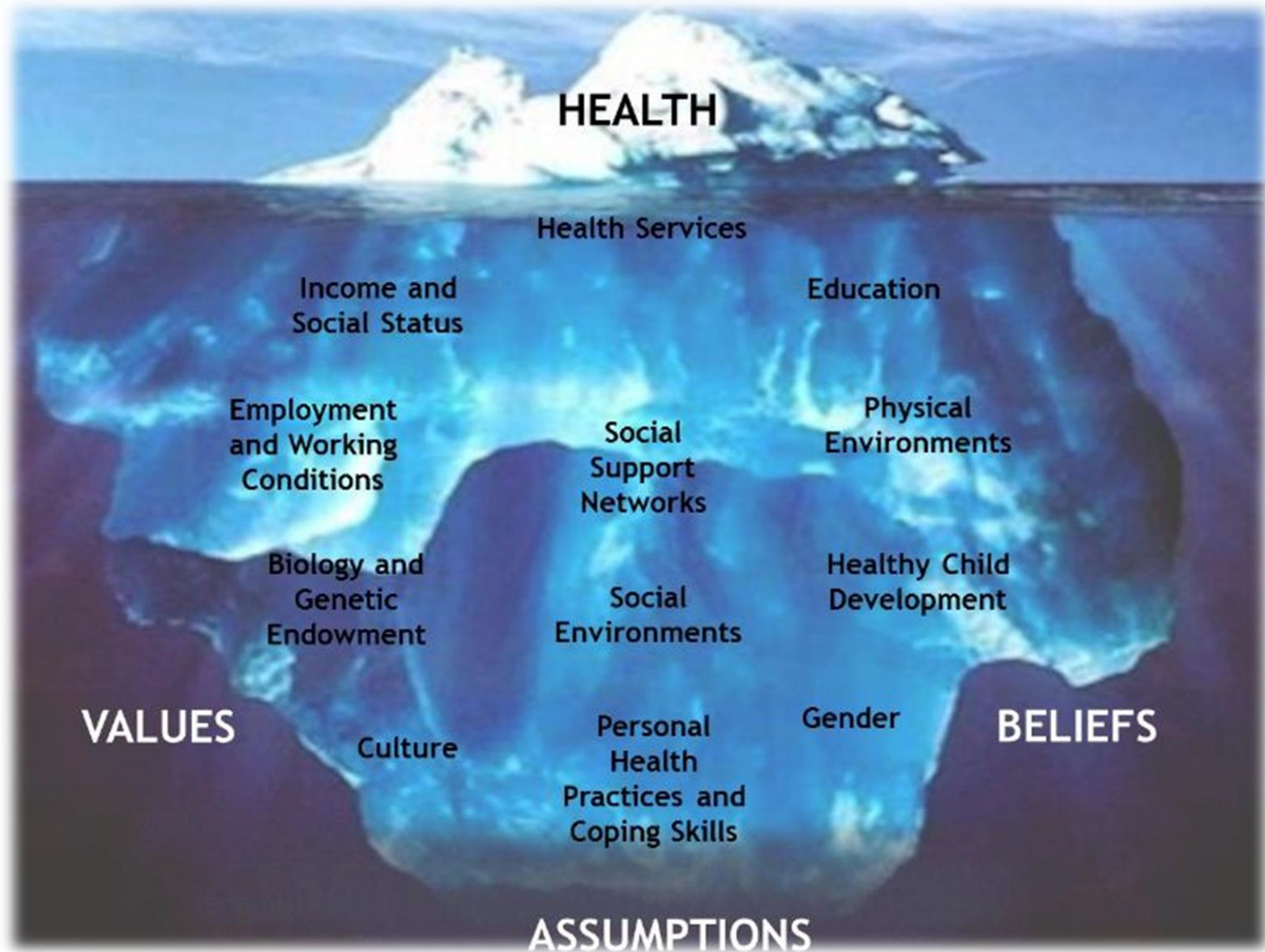
Why change?

Key factors driving
change in public health

Expanding Mandate



Social Determinants of Health



Why change?

Key factors driving
change in public health

Community Focus



A
Healthier
Community

MAPP - YOUR COMMUNITY ROADMAP TO HEALTH!

Action Cycle

Evaluate Implement Plan

Formulate
Goals and
Strategies

Identify
Strategic
Issues

Community Themes
& Strengths Assessment

Forces of Change
Assessment

4 MAPP Assessments

Community Health
Status Assessment

Local Public Health
System Assessment

Our Vision

Organize for Success / Partnership Development



Why change?

Key factors driving
change in public health

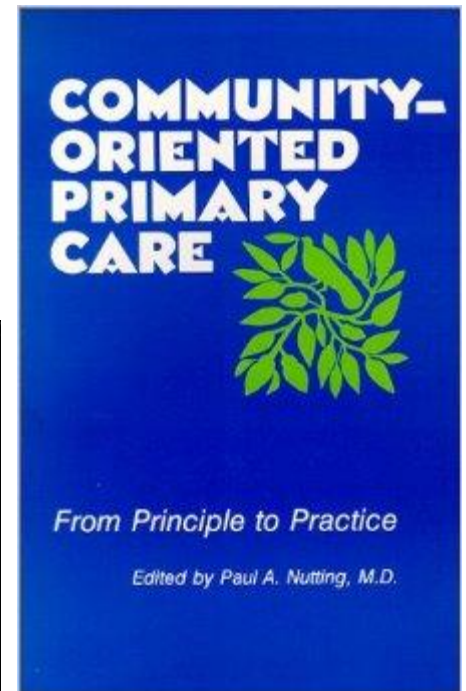
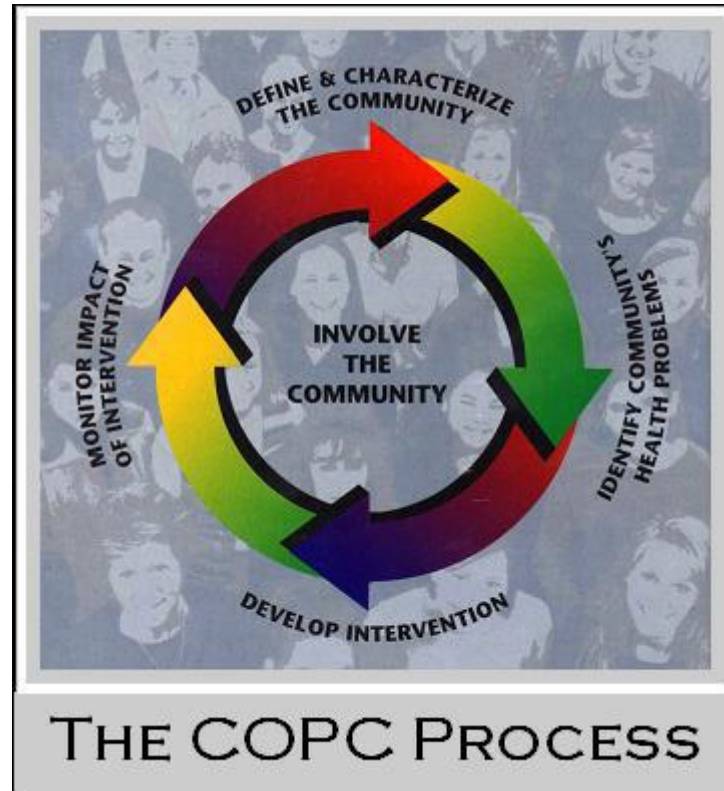
Healthcare Reform



Clinicians, Clinics and Communities

“Move outside the walls
of the primary care
clinic”

The
Washington
Post



The University of Texas Health Sciences



Why change?

Key factors driving
change in public health

New data sources and tools

Data

HIE (what's missing?)

Open data

Mapping

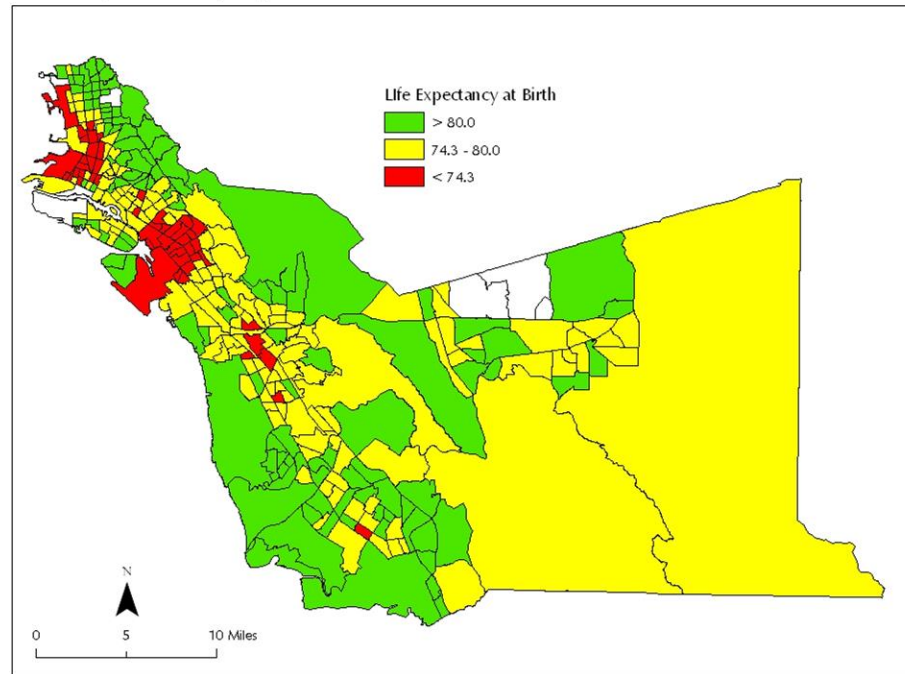
Community epidemiology



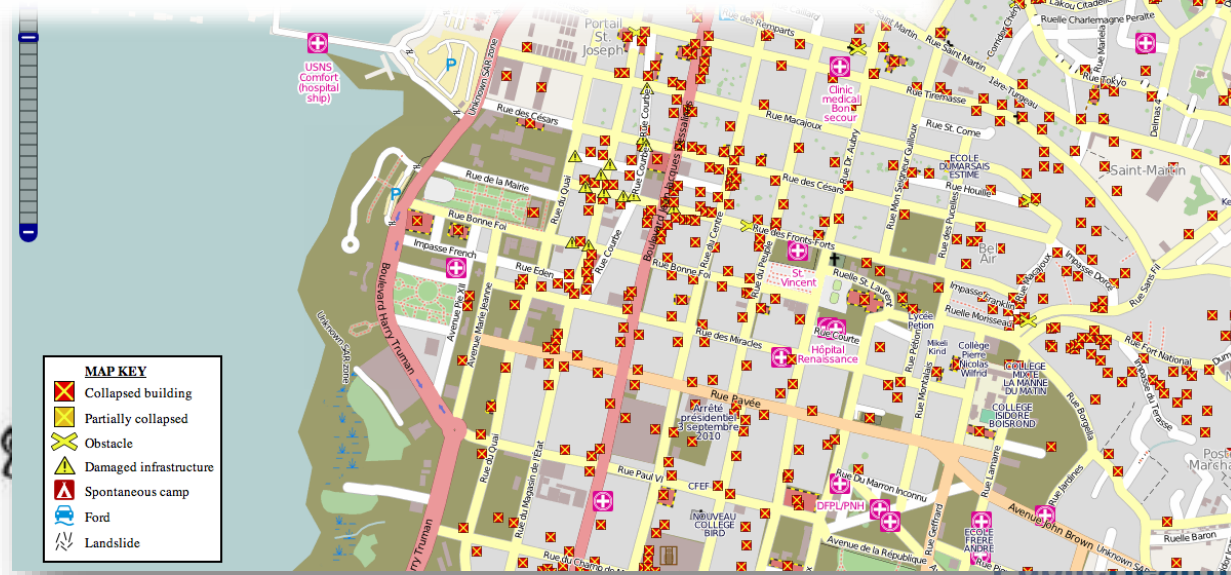
Data

Mapping Community epidemiology

Life Expectancy by Tract



Source: CAPE, with data from vital statistics 1999-2001.



CURRENT CHALLENGES

2016





**NO
NEW TAXES!**

Limited, Categorical Funding

Alzheimer's Disease Program Funding

California Alzheimer's Disease Centers

- General Fund \$3,116,000 annually
- Centers receive \$2,818,000 (\$281,800 each)
- \$298,000 for program evaluation
- Funding history:
 - 1999-2005 = \$6,498,000
 - 2006-2007 = \$6,884,000 (+ 6%)
 - 2008 = \$6,231,000 (-10%)
 - 2009 = \$3,116,000 (-50%)

Alzheimer's Disease Research

- Tax Check-Off Fund approx. \$500,000 annually
- Competitive grants awarded every three years
- Seven (7) grants total \$1.84 million for 2016-2019



Alzheimer's Disease Burden

Prevalence in California

610,000 people have Alzheimer's Disease in 2016

- 89,000 cases among people aged 65-74
- 250,000 cases among people aged 75-84
- 270,000 cases among people 85 and older

Source: www.alz.org

Alzheimer's Disease Burden

- 11,891 deaths from Alzheimer's Disease in 2013
- Alzheimer's Disease is the fifth-leading cause of death in California
- 169% increase in Alzheimer's Disease deaths in California since 2000
- 2016 Medicaid costs of caring for people with Alzheimer's Disease is \$3,336 million

Source: www.alz.org



WHAT SHOULD CDPH LOOK LIKE IN 2035?

Public Health 2035



CDPH in 2035

- CDPH will be
 - Collaborative
 - Transformative
 - Transparent
 - Continuously evolving

*Karen Smith, MD, MPH
Director, State Public Health Officer
California Department of Public Health*



WHAT ARE WE DOING NOW?

Creating Alignment & Shared Goals

Let's Get Healthy California



The Guiding Questions

What will it look like if California is the healthiest State in the Nation?

What will it take for California to be the healthiest State in the Nation?



Report Issued December 2012

Strategy One: Health Across the Lifespan

1. Healthy Beginnings: Laying the Foundation for a Healthy Life
2. Living Well: Preventing and Managing Chronic Disease
3. End of Life: Maintaining Dignity and Independence

Strategy Two: Pathways to Health

4. Redesigning the Health System: Efficient, Safe, and Patient-Centered Care
5. Creating Healthy Communities: Enabling Healthy Living
6. Lowering Cost of Care: Making Coverage Affordable and Aligning Financing to Health Outcomes

Indicators

- 39 Indicators
- 10 Year targets

Alzheimer's Disease Program

- 10 California Alzheimer's Disease Centers
- Alzheimer's Disease Research
- Aligns with *Let's Get Healthy California*
 - Living Well: Preventing and Managing Chronic Disease
 - End of Life: Maintaining Dignity and Independence

Alzheimer's Disease Program

Works with

- partners
- communities

Works to

- fully realize each community's vision

Works through

- guidelines and technical assistance
- funding opportunities
- evaluation



WHAT ARE WE DOING NOW?

Alignment and Messaging Public Health

Foundational Public Health Services & Capabilities



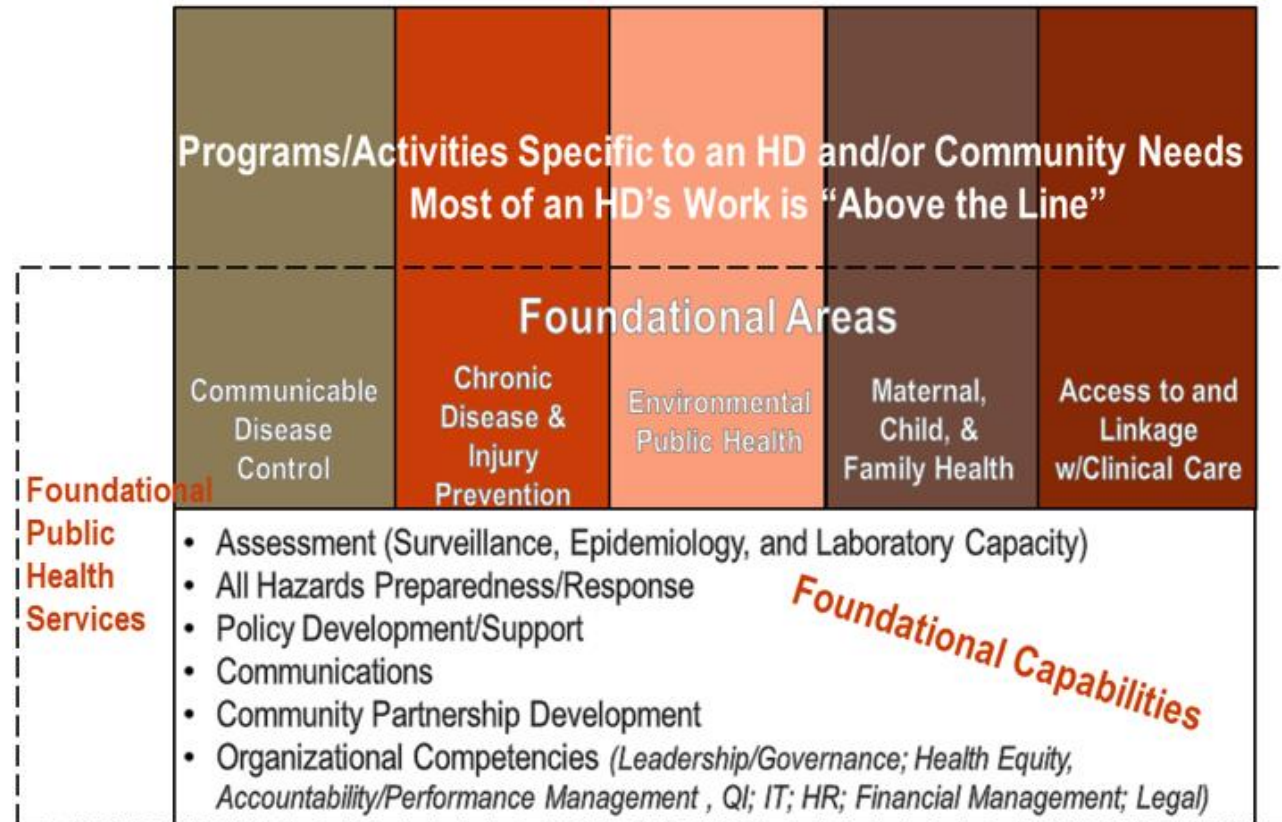
Foundational Public Health Services and Capabilities

Messaging

- Understanding the role of governmental PH
- Advocating for funding core PH

Prioritization

Other Services Particular To A Community



WHAT ARE WE DOING NOW?

Alignment and Messaging Public Health:
Systems of Prevention*

*Prevention Institute



Toward a system of prevention

From	To
Fragmented prevention programs and services	Coordinated Prevention Policies, Practices and Programs/Services
Prevention primarily centered within formal institutions	Prevention centered within formal institutions <u>and</u> <u>communities</u>
People in the population as patients	An engaged population focused on community determinants
After the fact	“In the first place”

PUBLIC HEALTH 2035

Bringing it all together



THANK YOU!

